

<b>Case Number:</b>	CM14-0197317		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	03/18/1992
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 3/18/1992 while employed by [REDACTED]. Request(s) under consideration include Bilateral Facet Injection at L3-4, L4-5, and L5-S1. Diagnoses include Lumbago. Conservative care has included medications, therapy, and modified activities/rest. Report of 11/3/14 from the provider noted the patient with chronic ongoing low back pain. It was noted the patient receives reasonable relief with medications. MRI of lumbar spine dated 9/6/06 showed disc bulge at L3-4 and T11-12 compression fractures. It was noted the patient had previous Facet joint injections done previously on 9/26/12 with no overall improvement. Exam showed focal tenderness over left SI joint; positive SI shear test; positive Patrick's test; DTRs 2+. The request(s) for Bilateral Facet Injection at L3-4, L4-5, and L5-S1 was non-certified on 11/12/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Bilateral Facet Injection at L3-4, L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

**Decision rationale:** There are no documented symptom complaints, imaging studies or noted significant clinical findings to support diagnosis of facet arthropathy. Additionally, it is unclear what conservative treatment has been rendered, its failure, or previous diagnostic blocks performed to confirm for facet arthropathy. There are no reports presented identifying its functional benefit if any for this chronic low back injury of 1992. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms or is without defined imaging correlation not demonstrated here nor are they recommended over 2 joint levels concurrently as requested here. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral Facet Injection at L3-4, L4-5, and L5-S1 are not medically necessary and appropriate.